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CONFIRMATION NO. 7806

SERIAL NUMBER 10/773,685	FILING OR 371(c) DATE 02/06/2004 RULE	CLASS 523	GROUP ART UNIT 1714	ATTORNEY DOCKET NO. UTC 010
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/445,540 02/06/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY CO	SHEETS DRAWING 0	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
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ADDRESS
23408

TITLE
Dental composite filler particles

FILING FEE RECEIVED 486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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